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ABSTRACT

Religion and spirituality may serve as important resources and/or organizing forces for families. Many clinicians remain unaware of how to apply such understanding. A clinical framework for addressing religious and spiritual issues in family therapy is considered. The framework begins with an assessment exploring the family's experiences, organization, and meaning that undergird their collective and individual religious beliefs. Unlike other cultural variables, religious beliefs and behaviors are not immediately evident in the therapeutic encounter. A semi-structured interview is recommended for assessment. Next is a decision making phase which includes reviewing the implications of the data gathered and formulating next steps based upon this information. It should be determined if the family wants or expects to discuss spiritual and religious issues in their therapy. The therapist's competency in addressing religious and spiritual issues should be addressed. Additionally, the actual role that religious and spiritual issues will play in therapy should be considered. Finally, the framework details how religious issues can be addressed in the family via therapy process and therapy content. (JBJ)

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From theory to practice: Adressing religious issues in the family

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From theory to practice: Addressing religious issues in the family.

INTRODUCTION

Religion and spirituality may serve as an important resources and/or organizing forces for families. Although advances are being made in our understanding of this complex variable and its potential role in family therapy, many clinicians remain unaware of how to apply such understanding. This section of our symposium considers a clinical framework for adressing religious and spiritual issues in family therapy. Our framework begins with an assessment exploring the families experiences, organization and meanings that undergird their collective and individual religious beliefs. We then move into a decision making phase which includes reviewing the implications of the data gathered and formulating next steps based upon this information. Finally, the framework details how religious issues can be addressed in the family via therapy process and therapy content.

Assessment

Unlike other cultural variables religious beliefs and behaviors are not immediately evident in the therapeutic encounter. Accessing religious and spiritual information is a necessary first step in approaching the religious and spiritual issues that might lie within the family. There are a number of instruments which measure religiosity. However, most of these instruments take a simplistic nomothetic approach with those surveyed and the instruments seem, as of yet, better suited to the research enterprise than clinical practice. Furthermore, as no standardized

instrument yet exists for assessing religious and spiritual beliefs in the family, a semi structured interview is suggested.

We have found it helpful to obtain a historical review of the religious and spiritual development of individual family members, of the marital dyad, and of the family system as a whole. The historical review of the individual should access information about the role religion played in the individuals family of origin. Pertinent questions include: Did that family have daily, weekly, monthly religious practices? How were beliefs different between family members in the family of origin? Were there any frightening or important religious experiences as a child? How did any of this change during adolescence? How has the individuals conception of God changed throughout the years? What were significant areas of religious struggle and how were these resolved? What were past and what are present favorite passages from religious reading materials?

In obtaining a historical review of religious and spiritual issues in the marital system Butler and Harper (1994) note several relationship mechanisms (namely language, rituals, and storeytelling) that perpetuate shared beliefs in religious marriages and that fortify the God-couple triangle.

When assessing the couples beliefs attention should be paid to language (Does the couples language reveal a shared faith - at all, in the ordinary events of the day, or in extraordinary events of life?), use of rituals (Are rituals employed - are they rich in affect and charged in meaning or void of either/both?), and storytelling (As the couple recount the story of their marriage how

is God woven into this?). If God is included as part of the marriage then one needs to understand the dynamics of that triangle. In terms of triangulation several constellations are possible. Does the couple view God in coalition with one member of the dyad and not the other? Is God displaced as the couple rally together against religion and/or this God? Does the figure of God in the relationship split and divert intimacy from the couple or does God unify and bring the couple closer?

Exploring the beliefs of the family as a whole is considerably more involved. This is especially true for the families that are centrally organized around their religious and spiritual beliefs. For such families, religion may permeate every interpersonal relationship and influence all family boundaries. Denton (1990) first suggests questioning the meaning of religion for the family. How is religion used in the family? It may be helpful to view religions function on a continuum from intrinsically meaningful and rewarding to extrinsically motivated. Next it is necessary to compare the degree of religious investment between the family members. How much are members, as a group and individually, allowed to agree with the religion and how much are they allowed to disagree? How are religious interpretations handled within the family and how much is religion used as a control mechanism to exclude those not aligned with the families beliefs? It is also important to explore the boundaries between the church community and the family. Are these boundaries balanced, emeshed or non-existent? Finally, how much power is given to religious

authorities? What exactly is the families relationship to the priest, pastor, imam, brahmin or rabbi?

Decision Making

After the assessment we consider how to use the information that was gleaned from it. The interview will have yielded valuable information regarding the families degree of comfort in discussing spiritual and religious matters. A first consideration should be to determine if the family wants or expects to discuss spiritual and religious issues in their therapy. We trust the clients responsibility to make personal decisions and we respect their freedom of choice. Furthermore, the therapist must also reflect upon their own degree of comfort in discussing spiritual and religious matters as part of this families therapy. The therapist must remain aware of similarities and differences in beliefs with the family they are to treat. Can the therapist utilize his or her own beliefs and values in relation to the values and problems within the family? A number of authors (Bergin, 1991; Jones, 1994) have suggested that therapists be explicit about their beliefs. Besides fostering trust and openness in the therapeutic relationship this may provide the family with more information to make a decision as to whether or not they wish to proceed with religious and spiritual issues in their therapy.

A second consideration in the decision making phase is the therapists competency in addressing religious and spiritual issues. Perhaps consultation with more knowledgeable religious professionals will be required (Jones, 1994), or maybe the questions that need to be addressed are truly theological and not

psychological in nature. Perhaps clear theological and value difference exist making a referral necessary (Rotz, Russell, and Wright, 1993).

A final consideration is the actual role that religious and spiritual issues will play in the therapy. One of several paths will be taken with regard to this material in therapy: 1) it will not be conceptualized as peripheral to the therapy 2) it will be seen as central to the therapy as a resource to be capitalized 3) it will be seen as a source of conflict within the family and an area in need of change. Assuming that religion will be used as an active variable in therapy we next consider how it manifests itself in the therapy process.

THERAPY PROCESS

Therapists can use religious language and metaphor to gain credibility with a family and thus be allowed to enter their system. Speaking the families language, of which religion may be a part, increases the families identification with the therapist. This can subsequently lead to increased hope within the family. Sometimes a therapist may not be familiar with the families religion, its practices or language. When this issue is approached honestly, it can also be beneficial. The therapist might say something like: "There may be times in your therapy that I do not understand what you say or mean about your religion. If I don't understand I will feel free to ask for clarification, and if you feel I am not getting the full picture I will need you to clarify this for me. I really do want to understand your family the best that I can." In such cases, non confrontational acceptance of our

clients beliefs or admitting our ignorance toward them gains us credibility and facilitates their acceptance of and collaboration in the process of therapy.

If the family is heavily involved with their church they may find therapy more credible and effective if their religious leader is included or consulted as part of their therapy. Knox (1985) recommends the African American families minister as a resource in the treatment of African American alcoholics. Rapoport (1989) reports employing a pastor as a co-therapist in the treatment of a woman with obsessive compulsive symptoms involving religious themes. In many families the power and authority held by such religious leaders is enough to motivate change. For example, in the case of a family with a daughter suffering from scrupulosity, the pastor reaffirmed the daughter that she need not act with such excessive piety, while both he and the therapist worked to implement a behavioral plan of change. The authoritative presence of the pastor bought the girl certain freedoms, and the additional support the pastor was able to lend the family themselves quickened the process of change.

Johnson and Ridley (1992) mention another potential source of gain in therapy when the families religion can be used to facilitate change. They call this the Divine Agent Assumption. This refers to the notion that there is actual Divine intervention in therapy if the people involved remain open to it. In addition there exist techniques which are secular, but which become religious when religious content is added to them. We shall consider these next.

THERAPY CONTENT

Sometimes religious content can be added to the families therapy to facilitate change. Three major techniques with which we are familiar are rituals, the use of religious symbolism and metaphor, and prayer. Prescribing of religious rituals can foster cohesion and be used to shift power in the family. In one example a mother became empowered when she was assigned the task of saying a personalized blessing before the family meal every night for three weeks. In her religious family such a task carried much weight.

The use of religious symbolism and metaphor in family therapy allows the therapist to enter the phenominological world of the family. Symbols and metaphor allow us to bridge the concrete known with the vague and barely realized thus creating a new reality, one that is bigger than what was lived before. For example, a family who had recently experienced several negative setbacks seemed to be "frozen" around these events. An intervention designed to melt their narrow focus, broaden their perspective and mobilize their resources included asking them to represent the past and present, positive and negative major events and changes in the family lifecycle as beads upon a rosary (a string of prayer beads). They were also asked to remain mindful of the the events that had yet to occur within their family. Each event came to be seen as seperate but related, all pieces of a whole cycle. Viewing their history in this way provided the family with a sense of continuity and perspective, thus allowing them to move onto the next stage of development.

Another cogent example of symbolism is the cycle of garden and desert (or light and the dark) that runs throughout most world religions. This can be used with religious families to explain that there are times when the dark or desert experience of separation and individuation is necessary and that there are times when the light or garden experience of fullness and togetherness are more apparent (Prest and Keller, 1993). For some families the use of such symbolism legitimizes their own experience of this traditional and fully human cycle.

Employing prayer with families certainly adds religious content to therapy. It also raises a number of important questions when discerning between asking the family to pray and praying with the family. While the relationship between prayer and mental well being has been empirically established, the question of whether or not therapy is the place to perform such an act remains unanswered. Each therapist must gage for her or himself their own degree of comfort with this issue. Some questions that therapist's raised in a discussion group on this topic were: 1.) Dual relationships (It is one thing to talk about sex in therapy and another to have it - is it likewise one thing to talk about God in therapy and another to talk to God in therapy) 2.) Competence (who's God does one pray to, and how?, who leads the prayer and what is prayed for?) 3.) Power differential (praying with a client places the therapist in the same position as the client, is the therapist comfortable relinquishing a one-up position?)

Just as we can add religious content to therapy, we can also find existing religious content that would benefit from change.

Denton (1990) notes that the most common elements of content to be changed stem from rigid religious beliefs and revolve around guilt, resistance and denial, and idiosyncratic beliefs regarding the bible and prayer as sole agents of change. The belief that God is an exclusive locus for change who does not act outside of a particular community, and especially not through professionals, must often be dealt with first. Beliefs such as these are not right or wrong, but they certainly make it difficult for the family experiencing difficulties to seek help from a professional. In addressing these issues reframing of religious material and the use of balance sheets are useful. Reframing narrowly interpreted religious literature may broaden the literatures meaning and thus facilitate change via the new applications suggested in the meaning. Balance sheets can help a family see the positive and the negative consequences of their beliefs. This type of activity raises the families level of awareness regarding the consequences of their beliefs. This often leads to amending certain beliefs so that they become more flexible or inclusive of positive aspects.

CONCLUSION

We have thus discussed some applications of religion and spirituality in the practice of family therapy. We began with an assessment exploring the families experiences, organization and meanings that undergird their collective and individual religious beliefs. We then moved into a decision making phase which included reviewing the implications of the data gathered and formulating next steps based upon this information. Finally, the framework detailed how religious issues can be addressed in the family via

therapy process and therapy content. These aforementioned considerations and techniques will be useful only insofar as we therapists are trained to use them. The why and how of such training is the focus of our next discussion.

FROM THEORY TO PRACTICE: ADDRESSING RELIGIOUS ISSUES IN FAMILY THERAPY

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I. **INTRODUCTION** - We know religion is an important variable in family therapy, but what do we do with it? Our framework includes assessment, decision making, examination and use of therapy process and content, and a consideration of specific treatment tools useful in addressing religious issues in therapy

II. **ASSESSMENT** - is needed - religious beliefs and behaviors are not immediately evident in the therapeutic encounter. Few empirical measures, use ideographic approach through interviewing:

A. individuals
B. marital dyad
C. family system (as a whole, between members, and in relation to a worshiping community)

III. DECISION MAKING - based on the data collected we consider:

A. Does the family want to go in this direction?
B. refer to religious personnel?
C. use religion to facilitate change?
D. consider religion as a content area to be changed?

IV. **TREATMENT PROCESS** - therapeutic benefits can be had through:

A. Using religious beliefs used by therapist to "join" the family
B. Gains created through therapist acceptance of beliefs
C. employing pastors as part of treatment/consultation
D. Divine agent assumption

V. **TREATMENT CONTENT**

(Adding content)

A. Rituals
B. Religious symbolism
C. Prayer

(Changing existing religious content)

D. reframing
E. positive/negative balance sheet for beliefs

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